PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE duction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004.

Left of the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known Application Number 10/714,580 FEE TRANSMITTA Filing Date November 14, 2003 For FY 2006 First Named Inventor Wentworth **Examiner Name** J. A. Hines Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1645 TOTAL AMOUNT OF PAYMENT 2290.00 Attorney Docket No. **TSRI 784.5** METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 19-0962 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 300 100 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 O O 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) **Fee Description** Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims

- 3 or HP =

with the dependen	it Ciairiis			
Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)
20 or HP) = x		=	
HP = highest number of	total claims paid for, if gr	eater than 20.		
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition Fee (\$1500); Request for Continued Examination (\$790) \$2290.00

360

Fee (\$)

180 **Multiple Dependent Claims**

Fee Paid (\$)

SUBMITTED BY		,		-
Signature	Ptw	8	Registration No. (Attorney/Agent) 47,163	Telephone 858-784-2937
Name (Print/Type)	Hugh Wang	•	•	Date April 2, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.